

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number **U - 06189**

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name **Melvin Silva**

P.O. Box, Bldg., Room No., if any

Street **2251 North School Street**

City **Honolulu**

State **Hawaii** ZIP Code + 4 **96819**

4. Name, file number, and address of labor organization.

Name **Bricklayers Union, Local No. 1**

Labor Organization File Number **025-992**

P.O. Box, Building and Room Number, if any

Street **2251 North School Street**

City **Honolulu**

State **Hawaii** ZIP Code + 4 **96819**

5. Position in labor organization.

Trustee

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Melvin P. Silva

On

2/27/06
Date

(808) 841-0491

Telephone Number

Name of Person Filing Melvin Silva	File Number U- 06189
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hawaii Masons & Plasterers Training Trust Fu</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2251 North School Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96819</p>	<p>11.a. Nature of such dealing.</p> <p>Employed by Hawaii Masons & Plasterers Training Trust Fund. Fringe benefits are part of employment arrangement. Outer island travel, seminar attendance, cellular phone and reimbursed expenses are all job-related.</p> <p>See Attachment 1 of 1</p> <p>11.b. Approximate dollar value of such dealing. \$39,482</p> <p>12.a. Nature of interest held or income received.</p> <p>Employed by Hawaii Masons & Plasterers Training Trust Fund to coordinate and aid in overseeing general training program activities. Instructor fees are paid for services performed to provide active guidance and teaching.</p> <p>See Attachment - Page 1 of 1</p> <p>12.b. Amount. \$93,839</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Melvin Silva
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12/31/2005

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Attachment to Form LM-30, Line 11.a,b

<u>Date of payments</u>	<u>Amount of payments</u>	<u>Kind of payment</u>	<u>Method of payment</u>
January 1, 2005 through December 31 2005		<u>Fringe benefit</u>	Check
	12,650	Health & welfare	
	10,193	Annuity	
	5,813	Pension	
	<u>28,656</u>		
January 1, 2005 through December 31 2005		<u>Outer island travel done monthly</u>	Check
	3,751	Airfare	
	-	Hotel	
	5,089	Materials	
	<u>8,840</u>		
January 1, 2005 through December 31 2005		<u>Others</u>	
	1,352	Cellular phone	Check
	634	Reimbursed expenses	Check
	<u>1,986</u>		
Total	<u>39,482</u>		

Attachment to Form LM-30, Line 12.a,b

		<u>Wages and fees</u>	
January 1, 2005 through December 31 2005	80,880	Wages	Check
	7,439	Vacation fringe benefit	Check
January 1, 2005 through December 31 2005	5,520	Instructor fees	Check
Total	<u>93,839</u>		

Amounts paid to as an employee of the Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.